

DRIVER'S NAME: _____ MONTH: _____ YEAR: _____

Driver-please notify the Out & About program at (760) 943-2256 if your address has changed since your last reimbursement.

	Date	Passenger's Name	Passenger's Signature	Beginning Odometer	Ending Odometer	Total Mileage	List each destination, address, doctor's name, etc.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

TOTAL MILES _____ x CURRENT IRS MILEAGE RATE (54 cents) = _____

DRIVER'S SIGNATURE _____ DATE _____

FOR CITY USE ONLY:

REQUESTED BY: _____ DATE: _____

VENDOR #: _____

1ST APPROVAL: _____ DATE: _____

INVOICE #: _____

2ND APPROVAL: _____ DATE: _____

INVOICE DESCRIPTION:
OUT AND ABOUT PROGRAM (MONTH/YEAR)

MUNIS PROJECT STRING:
PSOUT-GEN-TRAVMLG

MUNIS ORG/OBJ:
10180861-455